

<i>SERFF Tracking Number:</i>	<i>GRTT-126261840</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United National Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>43217</i>
<i>Company Tracking Number:</i>	<i>U9740G RATES</i>		
<i>TOI:</i>	<i>MS05I Individual Medicare Supplement - Standard Plans</i>	<i>Sub-TOI:</i>	<i>MS05I.008 Plan G</i>
<i>Product Name:</i>	<i>Rate Filing</i>		
<i>Project Name/Number:</i>	<i>Rate Filing/U9740G Rates</i>		

## Filing at a Glance

Company: United National Life Insurance Company of America

Product Name: Rate Filing	SERFF Tr Num: GRTT-126261840	State: Arkansas
TOI: MS05I Individual Medicare Supplement - Standard Plans	SERFF Status: Closed-Approved-Closed	State Tr Num: 43217
Sub-TOI: MS05I.008 Plan G	Co Tr Num: U9740G RATES	State Status: Approved-Closed
Filing Type: Rate	Author: Joan Jannotta	Reviewer(s): Stephanie Fowler
	Date Submitted: 08/13/2009	Disposition Date: 10/01/2009
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date: 10/01/2009

State Filing Description:

## General Information

Project Name: Rate Filing	Status of Filing in Domicile: Pending
Project Number: U9740G Rates	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filing concurrently
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/01/2009	Explanation for Other Group Market Type:
	State Status Changed: 10/01/2009
Deemer Date:	Created By: Joan Jannotta
Submitted By: Joan Jannotta	Corresponding Filing Tracking Number: GRTT-126260941, GRTT-126261802, GRTT-126261809
Filing Description:	
Re: Individual Medicare Supplement Insurance	
Premium Rates for Policy form U9740G	
NAIC #92703 903	

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Standard Plans  
Product Name: Rate Filing  
Project Name/Number: Rate Filing/U9740G Rates

Dear Sir or Madam:

We are submitting revised rates for our previously approved individual Medicare Supplement policy form U9742G for your review and approval. Policy form U9742G was approved by your Department on June 15, 1998.

The new rates are lower. Please see the actuarial memorandum for the details.

We are submitting a new application and an amendment rider under separate cover. We are also submitting revised rates for policy forms U9742A, U9742D and U9742F under separate serf filings. The corresponding serff filing numbers are shown in the corresponding serf filing number box.

We would appreciate any consideration you could extend toward the prompt approval of this submission. If I can be of further assistance in the approval process, please contact me directly or at our toll-free number shown below.

Sincerely,  
Joan Jannotta  
Product Manager  
Product Approval and Compliance (PAC)  
Direct Phone: 1-847-904-5730  
Toll-Free: 1-800-338-7452, extension #5730  
E-mail: jjannotta@gtlic.com  
Fax: 847-699-0093

## Company and Contact

### Filing Contact Information

Joan Jannotta, jjannotta@gtlic.com  
1275 Milwaukee Ave. 847-904-5730 [Phone]  
Glenview, IL 60025 847-699-0093 [FAX]

### Filing Company Information

United National Life Insurance Company of America	CoCode: 92703	State of Domicile: Illinois
1275 Milwaukee Ave.	Group Code: 903	Company Type:
Glenview, IL 60025	Group Name:	State ID Number:
(847) 803-5252 ext. [Phone]	FEIN Number: 37-1095206	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 set of rates = \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United National Life Insurance Company of America	\$50.00	08/13/2009	29830193

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/01/2009	10/01/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	09/18/2009	09/18/2009	Joan Jannotta	09/28/2009	09/28/2009

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## Disposition

Disposition Date: 10/01/2009

Implementation Date: 10/01/2009

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after October 1, 2009. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Monthly Premium Rates	Approved	Yes
Rate	Rates	Approved	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/18/2009  
Submitted Date 09/18/2009  
Respond By Date 10/19/2009

Dear Joan Jannotta,

This will acknowledge receipt of the captioned filing.

The filing has been reviewed and will be approved upon receipt of a rate sheet with the monthly premiums.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/28/2009  
Submitted Date 09/28/2009

Dear Stephanie Fowler,

### Comments:

Thank you for your comments.

### Response 1

Comments: Attached are the monthly rates you requested.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Monthly Premium Rates

Comment:

No Form Schedule items changed.

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No Rate/Rule Schedule items changed.

Your further consideration and approval would be appreciated.

Sincerely,  
Joan Jannotta

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 10/01/2009	Rates	U9740G	New		AR Rates.pdf

**United National Life Insurance Company**  
**Standardized Medicare Supplement Premium Rates**  
**Annual Rates**

**ARKANSAS**

	Preferred					Standard			
Age	Plan A	Plan D	Plan F	Plan G		Plan A	Plan D	Plan F	Plan G
All Ages	1,268.40	1,666.80	1,814.40	1,701.60		1,409.30	1,852.00	2,016.00	1,890.70

A discount factor of 0.93 is applied for married applicants

**Zip Codes**

**720-722**

**716-719, 723-729**

**Area Factors**

**0.93**

**0.80**

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b>	Monthly Premium Rates	Approved	<b>Date:</b> 10/01/2009
<b>Comments:</b>			
<b>Attachment:</b>			
Monthly rates.pdf			

**United National Life Insurance Company**  
**Standardized Medicare Supplement Premium Rates**  
**Monthly Rates**

**ARKANSAS**

	Preferred					Standard			
Age	Plan A	Plan D	Plan F	Plan G		Plan A	Plan D	Plan F	Plan G
All Ages	105.70	138.90	151.20	141.80		117.44	154.33	168.00	157.56

A discount factor of 0.93 is applied for married applicants

**Zip Codes**

**Area Factors**

720-722

0.93

716-719, 723-729

0.80